MARICOPA
INTEGRATED
HEALTH SYSTEM

Maricopa Medical Center
2601 E. Roosevelt St.
Phoenix, AZ 85008
(602) 344-5011

Comprehensive
Healthcare Center
2525 E. Roosevelt St.
Phoenix, AZ 85008
(602) 344-1015

Desert Vista Behavioral
Health Center
570 W. Brown Rd.
Mesa, AZ 85201
(480) 344-2000

Complete Comfort Care
2611 E. Pierce St.
Phoenix, AZ 85008
(602) 344-2700

Family Health Centers

Avondale
(623) 344-6800

Chandler
(480) 344-6100

El Mirage
(623) 344-6500

Glendale
(623) 344-6700

Guadalupe
(480) 344-6800

Maryvale
(602) 344-6900

McDowell
(602) 344-6550

Mesa
(480) 344-6200

Seventh Avenue
(602) 344-6600

South Central
(602) 344-6400

Sunnyslope
(602) 344-6300

Friday, January 19, 2007

Kats, Jamison, van der Veen & Associates
25 Bustleton Pike
Feasterville, PA 19053

Mr. Nelson Levin,

This is a narrative report on patient Kimbra Criswell whom I've assumed care for her work related injury sustained on May 23, 2002. Ms. Criswell's date of birth is 11/2/1978. She was according to history and provided documentation injured at Christiana Hospital while working as a traveling x-ray technician for Aureius Medical Corporation with complaints of posterior left ankle and hindfoot pain after a portable x-ray motorized machine rolled over the back of her ankle. She was noted to have a small superficial laceration when initial consult was performed by Raymond A. DiPretoro, Jr., DPM on 5/28/2002 who diagnosed her with "Achilles tenosynovitis, peroneus brevis tenosynovitis, likely due to ankle sprain, left ankle" and ordered MRI to r/o Achilles tendon injury verus peroneus brevis injury. MRI demonstrated Achilles "tendinopathy with likely injury to the insertional area of the left ankle." At this point she was treated with serial casting followed by physical therapy. She was diagnosed with reflex sympathetic dystrophy of the left lower extremity. Ms. Criswell was admitted to the hospital after which she was noted to have "sensory loss to the dermatomes of the left foot or ankle ... weakness at the peroneal brevis" by Dr. DiPretoro, Jr, DPM. The Achilles injury was treated with non-operative serial casting followed by bracing as per

her medical records. Over the course of above treatment the patient sustained a foot drop that resolved by 11/2002 according to the above physican's note dated 11/4/2002. The patient was evaluated by vascular sugery (Dr. D. B. Rao, MD) at Christiana Hospital with diagnosis of RSD as cause of skin color changes in her extremity following injury. Additional consultation included evaluation and treatment by Dr. T. Grabow at Johns Hopkins for neurology who diagnosed her with left Achilles tendon partial rupture and left superficial branch of peroneal nerve injury with "classic signs of class I, complex regional pain syndrome" and recommended treatment with ultram and possible sympathetic nerve block. During the above period of time she was also diagnosed with 4th metatarsal stress fracture that was treated non-operatively in Florida by Dr. F. A. Reynolds, MD from Orthopedic Specialists of SW Florida.

This portion of the narrative focuses on my personal evaluation and treatment of Ms. Criswell after I assumed care for the above injury on 5/2/2005. At that time in addition to the prior complaints of ankle pain related to RSD the patient reported left knee pain with weight bearing, especially squatting and kneeling. Both popping and catching in the left knee were reported by the patient in the left knee with the above activities. On physical examination the patient had tenderness to palpation over her proximal tibio-fibular joint at the left knee and some palpable subluxation of proximal tibio-femoral joint and biceps femoris insertion with weight

bearing and knee flexion > 80 degrees. X-rays of the left knee at that time were unremarkable. MRI of the left knee was ordered to evaluate for above and demonstrated only "small effusion of the proximal tibio-fibular joint, otherwise negative." On 5/11/2005 she underwent corticosteroid and local injection of that area in the left knee with persistence of symptoms despite injection. She elected treatment with NSAIDS (celebrex) for the left knee pain. On 3/15/2006 she had a new complaint of left foot pain with physical examination consistent with 3rd and 4th metatarsal metatarsalgia which was treated with continued NSAIDS and orthotic and PT. More recently the patient stepped of a curb and reaggravated her left ankle RSD while twisting it. This was treated with continuation of her medications and PT and weight bearing modifications. Currently the patient is weight bearing as tolerated and RSD symptoms controlled with PT and medication. In the future Ms. Criswell may benefit from operative treatment of her left knee proximal tibio-fibular subluxation or operative treatment of her Achilles tendonitis with synovectomy. I believe that her Achilles and knee injuries are directly related to her initial injury at Chrisitiana Hospital with reasonable degree of medical certainty as she denies any prior injury to her left lower extremily and findings are consistent with mechanism of injury.

Respectfully,

Sumit Dewanjee, MD
Orthopaedic surgery